

WISCONSIN'S HOMELESS MANAGEMENT INFORMATION SYSTEM GRANT COMPLIANCE

WISP COMPLIANCE CERTIFICATION FORM FOR DOMESTIC VIOLENCE AGENCIES

I certify that the ***number of service records*** in Wisconsin ServicePoint for the period of July 1, 2006 through June 30, 2007 accurately reflects the number of services provided wherein client permission was given to enter information into HMIS with funding from the Wisconsin Department of Commerce Bureau Supportive Housing for July 1, 2006 through June 30, 2007 either from the Emergency Shelter Grant Program (ESG), the Transitional Housing Program (THP), or the Homeless Prevention Program (HPP).

Agency Executive Director

Date

I certify that the ***number of client records*** in Wisconsin ServicePoint for the period of July 1, 2006 through June 30, 2007 accurately reflects the number of clients served wherein client permission was given to enter information into HMIS with funding from the Wisconsin Department of Commerce Bureau of Supportive Housing for July 1, 2006 through June 30, 2007 either from the Emergency Shelter Grant Program (ESG), the Transitional Housing Program (THP), or the Homeless Prevention Program (HPP).

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